

Nonhazardous or Radioactive Retention Tank System Secondary Containment Rainwater Release Form		
Date/Time of Inspection:	Operator's Name (Print)	Tank Number(s):
Rainwater Location:	Operator's Name (Signature)	Tank Contents:
<b>Instructions:</b> Check the appropriate response for each item below and record the information indicated. Provide descriptions and comments if necessary. Attach additional pages if extra space is needed. Check "N/A" for items that do not apply. This record is to be maintained by the Program for a minimum of three years and made available by request of EPD or regulatory personnel. If a spill is detected, send a completed copy to TAGG (L-633) of ORAD/ EPD. Note: Appendix H of the <i>Guidelines to Retention Tank Systems</i> provides detailed procedures for handling rainwater in secondary containment.		
Check Items	Response	Description and Comments
1. Take the pH of any liquid within the secondary containment. Is pH outside the range of 6.5 to 8.5? Note: If a field pH meter is used, record the calibration pH using buffer solutions at pH 4, 7, and 10.	Yes <input type="checkbox"/> No <input type="checkbox"/>	pH calibrations: _____ pH reading: _____ pH meter #: _____
2. Is there a spill visible, as defined by a film or sheen upon or discoloration of the surface of the water, or sludge or emulsion deposited beneath the surface of the rainwater in the secondary containment structure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____
3. Do the leak-monitoring equipment, overflow protection devices, or spill-prevention devices show signs of system malfunction?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____
4. Does the tank(s) have unexplained level changes or exceptionally high levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____
5. Do the tank(s), piping, pump(s), valve(s), and joints show signs of leakage (e.g., drips, stains, wet spots, cracks, bulges)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____
6. For tanks associated with Radioactive Material Management Areas (RMMA), perform a radioactive contamination screening. Record level. Are the results above the 25-dpm screening level?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Radioactivity screening level: _____ _____ _____
7. Have you informed your supervisor of the results?	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____
8. Has approval from Program Responsible Person (someone other than the tank operator) been received? Note: Program approval is required before discharge.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____ _____ _____
9. If all Items 1 through 6 are "No," release rainwater from the secondary containment to the storm drainage system and re-secure valve (if the system has one). a. Has the rainwater been released? b. Has the EOG Analyst been notified of the release?	a. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> b. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____ _____ _____
10. If any Items 1 through 6 are "Yes," do not release rainwater. Contact the EOG Analyst assigned to the Program for guidance on proper disposition of water. Has the EOG Analyst been contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____ _____ _____
11. If rainwater in the secondary containment is contaminated, inform the responsible tank owner so that the cause can be verified and repairs made as necessary. Notification completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____ _____ _____
12. If radioactivity is above the screening level, has HWM Division been contacted to pump out liquid?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____ _____ _____
13. Final disposition of rainwater: Released to storm drainage system <input type="checkbox"/> (Record date and time of discharge to storm drainage system) Pumped out <input type="checkbox"/>		Date of Discharge: _____ Time of Discharge: _____
Name of Program Responsible Person (Print)	Signature of Program Responsible Person	Date: